

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 419  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David A Fisher MD**

Mailing Address 351 Breakwater Dr

City	State	Zip Code
Fishers	IN	46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedics Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 7226981**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William W DeMuth MD**

Mailing Address 1610 Brookline Dr

City	State	Zip Code
Hummelstown	PA	17036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 7226987**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Edwin P Su MD**

Mailing Address 535 East 70th Street

City	State	Zip Code
New York	NY	10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : 7226989**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►